Idaho Medicaid Pharmacy Program

http://medicaidpharmacy.idaho.gov/

Prescription Drug Coverage

Preferred Drug List

Idaho Medicaid pays for most prescribed drugs unless they are excluded from coverage by Federal rule. For drugs that are similar to each other therapeutically, Idaho Medicaid uses a Preferred Drug List (PDL). The preferred agents may have advantages in efficacy, safety or cost-effectiveness over other drugs in the class. The Idaho Medicaid Pharmacy and Therapeutics Committee, consisting of community physicians and pharmacists, makes decisions about the PDL.

Non-preferred drugs are still available if needed. Most non-preferred drugs require a trial and failure of at least one preferred agent. If Idaho Medicaid has previously paid for the preferred agent, then the non-preferred agent will auto-approve at the pharmacy when the non-preferred claim is submitted by the dispensing pharmacy. If the patient is

Links

Preferred Drug List (PDL)

http://healthandwelfare.idaho.gov/Portals/0/ Medical/PrescriptionDrugs/IDMPDL.pdf

Prior Authorization Forms

http://healthandwelfare.idaho.gov/Medical/PrescriptionDrugs/PriorAuthorizationForms/tabid/206/Default.aspx

3-month maintenance drug list

https://healthandwelfare.idaho.gov/Portals/0/ /Medical/PrescriptionDrugs/3MonthMaintenanceSupplyDrugList.pdf

new to Medicaid, then the prescriber will need to submit a prior authorization form. Some non-preferred drugs will have additional prior authorization requirements. The PDL Document lists the preferred agents and the requirements for non-preferred agents.

Medicaid Expansion. If a patient is not currently on Medicaid, but is pre-approved through Medicaid expansion, the
prescriber is encouraged to check the PDL to see if a patient's current medication is preferred. If a non-preferred
agent is believed to be necessary for continuity of care, the prescriber should complete the prior authorization form in
advance to be submitted on 1/1/2020. While most prior authorization forms must be submitted via fax to 1-800-3275541, in preparation for Medicaid Expansion, providers can email prior authorization forms to
MedExpPharmPA@dhw.idaho.gov

• Drugs Requiring Prior Authorization

Drugs may require prior authorization if they are non-preferred, have specific clinical criteria or both. Many prior authorized drugs have dedicated forms that must be filled out by the prescriber and faxed to the Medicaid pharmacy at 1-800-327-5541. For medications that do not have a specific form, the "Universal PA Form" may be used. All prior authorization forms including criteria can be accessed at

http://healthandwelfare.idaho.gov/Medical/PrescriptionDrugs/PriorAuthorizationForms/tabid/206/Default.aspx

Drug Supply Quantities

Most maintenance drugs are limited to a 34-day supply. Some maintenance drugs may be given in a 3-month supply after the patient has demonstrated that they are stable on the same drug and dose after at least 2 months of therapy

http://healthandwelfare.idaho.gov/Portals/0/Medical/PrescriptionDrugs/3MonthMaintenanceSupplyDrugList.pdf

• Physician Administered Drugs

Drugs that are administered at a provider's office or clinic (typically an injection) may also require prior authorization. Prior authorization forms can be found at

http://healthandwelfare.idaho.gov/Medical/PrescriptionDrugs/PriorAuthorizationForms/tabid/206/Default.aspx

Magellan Medicaid Administration Pharmacy		Idaho Medicaid Pharmacy Call Center		Prior Authorization FAX Line
Support Center		•	208-364-1829	
 First 	t Choice for Most Inquiries	•	Toll free: 1-800-327-5541	1-800-327-5541
• 1-8	00-922-3987	•	Initiate PA requests	1-800-327-3341
• Clair	ms processing assistance	•	Prescriber Inquiries	
• Drug	g coverage and payment information	•	Available M-F 8 am to 5 pm except Federal	
• Eligi	ibility issues or inquiries		and State holidays	
• Plan	n limitations			
 Coo 	ordination of benefits			

• Prior Authorization status Available 24 hours/day, 365 days/year